

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

**10/550746**

CLASS NO. FILING DATE  
APPICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		1		1			52						
3		2		1			53						
4		3		1			54						
5		4		1			55						
6		5		1			56						
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48							98						
49							99						
50							100						
TOTAL IND.	1	↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	6	←	6	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	7		7				TOTAL CLAIMS						

PTO-1364 (REV. 8/83)

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